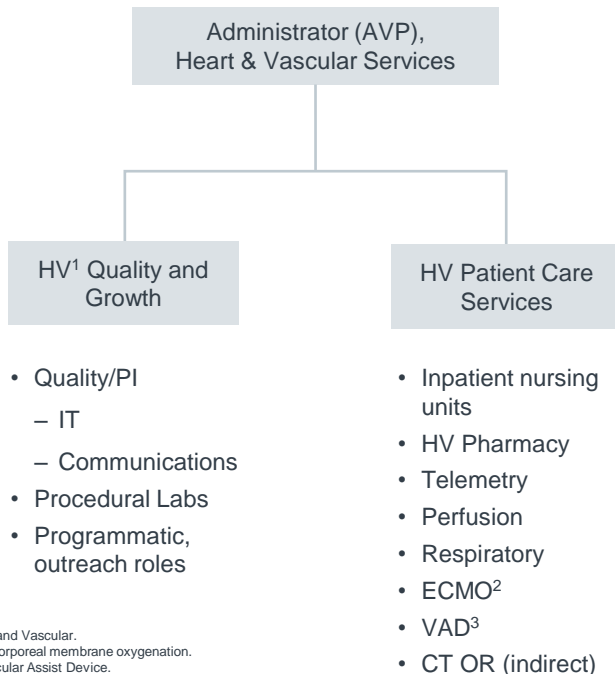


# Duke University Health

## Moving Select CV Services Under “Quality & Growth”

### Duke Heart Center’s Organizational Chart



### Key Innovations

- Development of two major verticals within service line to reduce total number of direct reports and improve efficiency
- Creation of new “Quality and Growth” group that brings together interventional labs, quality, and IT staff to facilitate care redesign
- Development of “programmatic” roles within Quality & Growth vertical to provide further support for projects related to particular disease states; non-clinical, management roles
- “Patient Care Services” serves as hub for other key inpatient services

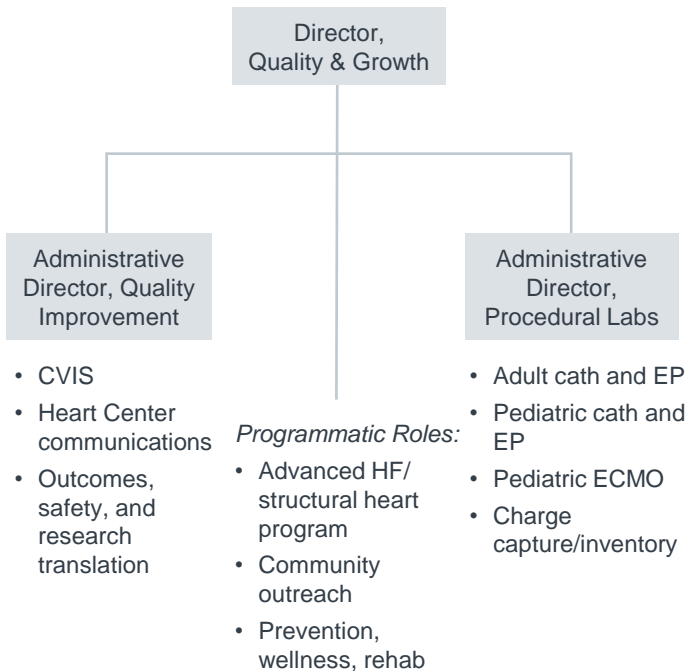
### Additional Features

- No new FTEs added; positions filled through internal shifts, promotions

1) Heart and Vascular.  
 2) Extracorporeal membrane oxygenation.  
 3) Ventricular Assist Device.  
 4) Value-analysis team.  
 5) Assistant Chief Nurse Officer.

# Quality and Growth Vertical a Strategic Foundation

## An Innovative Model to Support Agile Care Redesign



## Bringing Together Three Functions to Succeed Under Payment Reform



### Quality Improvement

CVIS, quality staff develop dashboards to continuously track success for cost and quality measures



### Programmatic Roles

Community outreach, wellness, HF program roles focus on care continuum, engage stakeholders outside hospital to manage total cost of care



### Procedural Labs

Lab managers, inventory management staff identify opportunities for inpatient cost reduction and efficiency

# Program in Brief



## Duke Health System

- **Hospital Type:** Three-hospital academic system based in Durham, North Carolina
- **Model Summary:** Created “quality and growth” vertical, bringing interventional labs, quality, information technology and communications under common purview; models helps support rapid cycle clinical redesign projects
- **Impetus:** Improve agility, speed of decision-making and collaboration to succeed under bundled payment contracts; build infrastructure to also improve market capture and reduce costs
- **Leadership Model:** Administrator (non-RN) works in close collaboration with medical directors and nursing leadership
- **CV Services Reporting Through Service Line:** Pediatric and adult interventional labs; prevention/wellness and cardiac rehab; CV diagnostic testing; respiratory & PFT; telemetry; perfusion; CV pharmacy; VAD program; inpatient CV nursing
- **Governance Structure:** Executive committee overseeing two main subcommittees: Patient Safety/Clinical Outcomes inclusive of committees focused on cardiovascular medicine outcomes, cardiothoracic surgery outcomes, and heart core safety team; Operations inclusive of committees focused on procedure lab oversight, care redesign, cardiac diagnostics, clinical services, programs of distinction, and hospital operations team. All committees include physician leaders, nursing leaders, and administrators.
- **Financial Model:** Professional fees flow to individual departments

# Program in Brief (Cont.)



## Duke Health System

- **Strategic Planning Process:** Strategic plan developed by service line administrative leadership team with input from physicians, operations managers in alignment with, and in support of, overall Duke Health System strategic plan
- **Participation in Risk-Based Contracts:** CMS Bundled Payments for Care Improvement Initiative for PCI; care redesign projects in place across CV service line (e.g., ablation, CABG, valve) with possibility of development of future risk-based contracts
- **Physician Alignment:** Physicians employed through separate medical group structure; committee structures and colocated offices allow for communication and collaboration with service line leadership
- **Facility Model:** No dedicated standalone facility; CV services distributed across hospitals
- **Impact of Structure:** Successfully meeting internal care redesign deadlines to ensure progress under bundled payment goals